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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	I-2-0424.1US
First Named Inventor	Briancon et al.
COMPLETE IF KNOWN	
Application Number	10/761,858
Filing Date	January 21, 2004
Group Art Unit	Not Yet Known
Examiner Name	Not Yet Known

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**RADIO RESOURCE MANAGEMENT SCHEDULER
USING OBJECT REQUEST BROKER METHODOLOGY**

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/441,642	01/21/2003	<input type="checkbox"/>

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number **24374** → Place Customer Number Bar Code Label here
OR
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Namely, the Attorneys of Volpe and Koenig, P.C.			

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number **24374** Correspondence address below

Name	VOLPE AND KOENIG, P.C. DEPT ICC			
Address				
Address				
City		State	ZIP	
Country		Telephone		Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Alain Charles Louis				Briancon				
Inventor's Signature							Date	
Residence: City	Poolesville	State	MD	Country	USA	Citizenship	USA	
Post Office Address	19328 Cissel Manor Drive							
Post Office Address								
City	Poolesville	State	MD	ZIP	20837	Country	USA	

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → **DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Maged		Zaki	
Inventor's Signature	<i>Maged Zaki</i>		Date
Residence: City	Pierrefonds	State Quebec	Country Canada
Mailing Address 9260 Ceres, Apt. 202			
Mailing Address			
City	Pierrefonds	State Quebec	ZIP H8Y 3N5 Country Canada
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Mailing Address			
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Inventor's Signature			Date
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Mailing Address			
Mailing Address			
City	State	ZIP	Country

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Name	Registration Number	Name	Registration Number				
Namely, the Attorneys of Volpe and Koenig, P.C.							
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number 24374 <input type="checkbox"/> OR <input type="checkbox"/> Correspondence address below							
Name	VOLPE AND KOENIG, P.C. DEPT ICC						
Address							
Address							
City	State	ZIP					
Country	Telephone	Fax					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
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Given Name (first and middle if any)		Family Name or Surname					
Alain Charles Louis		Briancon					
Inventor's Signature	<i>Alain C. Briancon</i>			Date	3/26/01		
Residence: City	Poolesville	State	MD	Country	USA	Citizenship	USA
Post Office Address	19328 Cissel Manor Drive						
Post Office Address							
City	Poolesville	State	MD	ZIP	20837	Country	USA
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Attny. Docket No. I-2-0424.1US

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Maged	Zaki		
Inventor's Signature	Date		
Residence: City	Pierrefonds	State Quebec	Country Canada
Citizenship	Canada		
Mailing Address	9260 Ceres, Apt. 202		
Mailing Address			
City	Pierrefonds	State Quebec	ZIP H8Y 3N5
Country	Canada		
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
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